

# MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET

SERIAL NO.

FILING DATE

APPLICANT(S)

## CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1					
2		1				
3						
4		3				
5		1				
6		1				
7		1				
8		1				
9		1				
10		1				
11		1				
12		7				
13		1				
14		1				
15		1				
16		1				
17		1				
18		3				
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49						
50						
TOTAL IND.	1					
TOTAL DEP.		27				
TOTAL CLAIMS		28				

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
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TOTAL DEP.						
TOTAL CLAIMS						